

Social Security/Medicare Confirmation

Please complete this form and return it with the requested information to:

Fairfax County Retirement Agency
10680 Main Street, Suite 280
Fairfax, VA 22030-3812

If you have questions contact Carol Patterson at 703-279-8200 or 1-800-333-1633.

(Please check one box after each number below)

1. G I am now receiving \$_____ as a monthly annuity from the Social Security Administration and have been receiving such amount since _____ *(date)*.

 G I am not receiving any compensation from the Social Security Administration. If and when I start to receive such compensation, I shall notify your office at once.

2. G I have Medicare. (Copy of Medicare card enclosed)

 G I do not have Medicare yet but when I do I will send in a copy of the card.

3. G Enclosed is a copy of my original determination of benefits from Social Security showing either the amount of the benefit or indicating that my claim was denied.

 G I authorize the Social Security Administration to release information to you regarding any benefit I may have been awarded.

Print Name _____ Social Security Number _____

Signed _____ Date _____